

105


RECEIVED
PA
GSA No. 0246-EPA-OT

Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Change (owner)

Please refer to Section V, Line-by-Line Instructions for Completing EPA Form 8700-12 before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).

Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received
(For Official Use Only)
SEP 1 1999

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. Initial Notification

☒ B. Subsequent Notification
(Complete item C)

C. Installation's EPA ID Number
NJ 000212219

II. Name of Installation (Include company and specific site name)

COGNIS CORPORATION CARLSTADT

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street
BERRY AVENUE @ ROUTE 17 NORTH
Street (Continued)
City or Town
CARLSTADT
State
NJ
Zip Code
07072
County Code
003
County Name

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box
300 BROOKSIDE AVENUE
City or Town
AMBLER
State
PA
Zip Code
19002-3498

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)
VANYO

Name (First)
EDWARD

Job Title
SENIOR ENV ENGR

Phone Number (Area Code and Number)
215-628-1417

VI. Installation Contact Address (See Instructions)

A. Contact Address
Location
☐

Mailing
☒

B. Street or P.O. Box
City or Town
State
Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner
COGNIS CORPORATION
Street, P.O. Box, or Route Number
5051 ESTECREEK DRIVE
City or Town
CINCINNATI
State
OH
Zip Code
45232-1446
Phone Number (Area Code and Number)
513-482-3000

B. Land Type
P

C. Owner Type
P

D. Change of Owner Indicator
Yes
☒

No
☐

(Date Changed)
Month
01
Day
01
Year
00

N5D002012219

EPA Form 8700-12 (Rev. 10/09/96)

- 1 of 2 -

ID - For Official Use Only																					
VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes. Refer to instructions)																					
A. Hazardous Waste Activity					B. Used Oil Recycling Activities																
1. Generator (See instructions) <input checked="" type="checkbox"/> a. Greater than 1000kg/mo (2,200 lbs.) <input type="checkbox"/> b. 100 to 1000 kg/mo (220-2,200 lbs.) <input type="checkbox"/> c. Less than 100 kg/mo (220 lbs.) 2. Transporter (Indicate Mode in boxes 1-5 below) <input type="checkbox"/> a. For own waste only <input type="checkbox"/> b. For commercial purposes Mode of Transportation <input type="checkbox"/> 1. Air <input type="checkbox"/> 2. Rail <input type="checkbox"/> 3. Highway <input type="checkbox"/> 4. Water <input type="checkbox"/> 5. Other - specify _____					<input type="checkbox"/> 3. Treater, Storer, Disposer (at installation) Note: A permit is required for this activity, see instructions. 4. Hazardous Waste Fuel <input type="checkbox"/> a. Generator Marketing to Burner <input type="checkbox"/> b. Other Marketers <input type="checkbox"/> c. Boiler and/or Industrial Furnace <input type="checkbox"/> 1. Smelter Deferral <input type="checkbox"/> 2. Small Quantity Exemption Indicate Type of Combustion Device(s) <input type="checkbox"/> 1. Utility Boiler <input type="checkbox"/> 2. Industrial Boiler <input type="checkbox"/> 3. Industrial Furnace <input type="checkbox"/> 5. Underground Injection Control					1. Used Oil Recycling Marketer <input type="checkbox"/> a. Marketer Directs Shipment of Used Oil to Off-Specification Burner <input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications 2. Used Oil Burner - Indicate Type(s) of Combustion Device <input type="checkbox"/> a. Utility Boiler <input type="checkbox"/> b. Industrial Boiler <input type="checkbox"/> c. Industrial Furnace 3. Used Oil Transporter - Indicate Type(s) of Combustion Device(s) <input type="checkbox"/> a. Transporter <input type="checkbox"/> b. Transfer Facility 4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies) <input type="checkbox"/> a. Process <input type="checkbox"/> b. Re-refine											
IX. Description of Regulated Wastes (Use additional sheets if necessary)																					
A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">1. Ignitable (D001)</td> <td style="width: 15%;">2. Corrosive (D002)</td> <td style="width: 15%;">3. Reactive (D003)</td> <td style="width: 15%;">4. Toxicity Characteristic</td> <td style="width: 40%;">(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;">B 0 0 2</td> </tr> </table>										1. Ignitable (D001)	2. Corrosive (D002)	3. Reactive (D003)	4. Toxicity Characteristic	(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B 0 0 2		
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	B 0 0 2																	
B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1 2 3 1 5 7</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%; text-align: center;">5</td> <td style="width: 16.6%; text-align: center;">6</td> </tr> <tr> <td style="text-align: center;">8</td> <td style="text-align: center;">9</td> <td style="text-align: center;">10</td> <td style="text-align: center;">11</td> <td style="text-align: center;">12</td> <td></td> </tr> </table>										1 2 3 1 5 7	2	3	4	5	6	8	9	10	11	12	
1 2 3 1 5 7	2	3	4	5	6																
8	9	10	11	12																	
C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.) <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 16.6%; text-align: center;">1</td> <td style="width: 16.6%; text-align: center;">2</td> <td style="width: 16.6%; text-align: center;">3</td> <td style="width: 16.6%; text-align: center;">4</td> <td style="width: 16.6%; text-align: center;">5</td> <td style="width: 16.6%; text-align: center;">6</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>										1	2	3	4	5	6						
1	2	3	4	5	6																
X. Certification I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.																					
Signature 			Name and Official Title (Type or print) RICHARD NOVAK, VP-MANUFACTURING PLANT				Date Signed 8/31/00														
XI. Comments CHANGE OF INSTALLATION NAME. FACILITY HANDLES ONLY PCB MIXTURES, FILTER CAKE FROM GROUNDWATER TREATMENT <50 PPM.																					
Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)																					



Henkel Corporation

Associate General Counsel
and Risk Manager

DIRECT DIAL: (610) 270-8133
FACSIMILE: (610) 270-8193
E-MAIL: juliette.richter@henkel-cas.com

CERTIFIED MAIL # Z 171 804 282 RETURN RECEIPT REQUESTED

United States Environmental Protection Agency Region 2
Air and Waste Management Division
Attn: RCRA Notifications
290 Broadway, 21st Floor
New York, NY 10007-1866

RE: Henkel Corporation
Berry Avenue at Route 17 North
Carlstadt, NJ 07072
Ownership Transfer Notification
EPA Generator No. NJD002012219

U.S. EPA
AGENCY RO II
CO FEB -3 PM 3:35
PROGRAMS BRANCH

Dear Sir:

This letter is to advise you of the transfer of ownership of the facility located on Berry Ave. at Rt. 17 North, Carlstadt, NJ from Henkel Corporation ("Henkel") to Cognis Corporation ("Cognis"), as of January 1, 2000. Henkel currently is registered as a Hazardous Waste Generator, EPA Generator ID No. NJD002012219.

Henkel hereby requests that identification number issued to Henkel Corporation be transferred to Cognis Corporation, the new owner, effective January 1, 2000 or as soon thereafter as possible. A Notification of Regulated Waste Activity (EPA Form 8700-12) is being sent to you by Cognis under separate cover. The transfer of ownership is part of an internal restructuring process. Henkel and Cognis will become sister companies under common ownership with the full backing of our parent company.

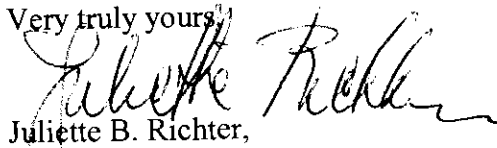
All questions regarding technical issues may be directed to:

Edward A. Vanyo
Senior Environmental Engineer
Cognis Corporation
300 Brookside Ave.
Ambler, PA 19002
(215) 628-1417

I would appreciate it if you would notify me of your receipt of this written notification and the effective date of the transfer of the above-referenced identification number.

Thank you for your prompt attention to this matter. If you have any further questions or concerns, please feel free to contact me at 610-270-8133.

Very truly yours,

A handwritten signature in black ink, appearing to read "Juliette Richter", written over the typed name.

Juliette B. Richter,

CC: R. Betz
M. Carr
R. Novak
D. Kidd
E. Vanyo